

1. Check one if new or incorrect:	2. Check one if new or incorrect:
<input type="checkbox"/> Renewal License Application <input type="checkbox"/> New Owner <input type="checkbox"/> New Est. or Location	<input type="checkbox"/> Fixed Establishment <input type="checkbox"/> Mobile <input type="checkbox"/> Mobile Commissary <input type="checkbox"/> Vending Location: # of machines ____ <input type="checkbox"/> Special Transitory Food Unit (STFU)

FOOD SERVICE LICENSE APPLICATION

Michigan Department of Agriculture
 As required by Act 92, Public Acts of 2000, as amended
 For license year ending:

April 30, 2007

License No.

L2000ID

			6. Applicant Information- MUST BE COMPLETED	
			I certify that this information is accurate	
			Signature X	Date
			Printed name of owner or authorized agent	
3. Business & Owner Information			Title	
Name of Establishment or Business (type or print)			E-Mail	
Establishment Address (Number & Street, Box or Route)			Establishment Phone No. ()	
City	Zip Code	County of Location	Home Phone No. ()	
Mailing Address (Number & Street, Box or Route)			Fax No. ()	
City	State	Zip Code	Emergency Phone No. ()	
Name of Owner (First, MI, Last) (Individual or Corporation)			7. Payment Information	
Owner's Address			Renewal Due Date: April 30, 2006	
City	State	Zip Code	Amount Due: _____	
Name of Owner (First, MI, Last) (Individual or Corporation)			If renewal application is submitted after April 30 th , add \$ _____	
Owner's Address			Make check payable to your local health department.	
City	State	Zip Code		
4. Mobile Establishment Licensing Information				
Decal No. (Health Dept. Issued)		VIN No.		
Vehicle Make		License Plate No. & State		
Business Name on Vehicle		Commissary License No.		
Mail application & fee payable to:				
5. Vending Machine Location Information				
Building Name and/or Building Number				
THIS AREA FOR LOCAL HEALTH DEPARTMENT (LHD) USE				
<input type="checkbox"/> Delete License				

Fee Exempt State: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> License Limitation	
Fee Exempt Local: <input type="checkbox"/> Yes <input type="checkbox"/> No	STFU Last 2 Fee Inspection Dates	
Fee Exempt Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
LHD: Retain copy of Act 359 Veteran's License		
L2000ID (For MDA Use)	Seasonal Establishment: _____ (check if seasonal)	
License No.	LHD No.	Civil Division
Amount Received	Receipt No.	Check No.
Signature of Health Department Representative Recommending Approval		Date

Michigan Department of Agriculture

Food Service License Application

Instructions To Applicant

Renewal Application

- A. **Review Sections 1-5 for accuracy.** Please review the pre-printed application and make any necessary corrections. Please pay special attention to the facility name and address.
- a. **DO NOT USE THE RENEWAL FORM IF ONE OF THE FOLLOWING APPLY:**
- ✓ Change of ownership
 - ✓ Change in the physical location of establishment
 - ✓ Change of license type
- b. If one of these situations apply, fill out a new license application. To obtain a new "Food Service License Application", contact your local health department or download the form at: www.michigan.gov/mda (Licensing, Food Industries), or click on keyword and enter "foodserviceapp". The pre-printed renewal form should be returned to the local health department along with the new application.
- B. **Complete Section 6. Be sure to sign the application.**
- C. **Include license fee** amount shown in Section 7. Make checks payable to your local health department.
- D. **Special Transitory Food Unit (STFU) renewal applications.** If you are a Special Transitory Food Unit (STFU) as identified in box #2 on the application, you must include a copy of the two paid inspections along with your application form and check.
- E. **Mail to your local health department before April 30th to avoid a late fee.**

New Application

- A. Complete all applicable parts of Sections 1-6. **Be sure to sign the application.**
- B. Contact your local health department for fee and mailing address if not shown in Section 7. Make checks payable to your local health department.
- C. Return completed application form along with the fee to your local health department.

Definitions

Special Transitory Food Unit (STFU)- means a temporary food service establishment that operates throughout the state without the 14 day limit.	Mobile Food Service Establishment- means a food service establishment operating from a vehicle, trailer or watercraft which is not fully equipped for full food service and, therefore, must return to a licensed commissary at least once every 24 hours for servicing and maintenance.
Vending Machine Location- means a room, enclosure, space or area where one or more vending machines are installed and operated. When there is more than one vending machine location in a building, each shall be licensed separately.	